



# ***National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB – HIPDB)***

## **Pro-Active Disclosure Service (PDS)**

**IQRS User Review Panel Meeting**

**September 30, 2003**

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# *Introduction*



Tampa

A yellow map of the state of Florida is shown, with the word "Tampa" written in a light blue font in the central part of the state.



# *Introduction*

- The Division of Practitioner Data Banks (DPDB) is exploring the feasibility of providing a Pro-Active Disclosure Service (PDS) to respond to industry regulations and to provide increased value to its customers.
  - PDS would notify entities automatically when the Data Banks receive new reports on subjects of interest.



# *Introduction*

- A PDS has the potential to improve entities' health care quality by substantially reducing the time between the Data Banks' receipt of a subject report and the interested entities' notification of that report.
  - Current Data Bank functionality and query process will not change.
  - PDS will be an optional service.



# *Introduction*

- National Committee for Quality Assurance (NCQA) monitoring standard for Managed Care Organizations (MCOs) states:  
“There are policies and procedures for the on-going monitoring of Medicare and Medicaid sanctions, sanctions or limitations on licensure, and complaints...”
  - Development of a PDS could potentially assist entities in satisfying the requirement to conduct on-going monitoring.
    - Entities currently spend numerous hours manually searching various sources and databases to conduct on-going monitoring of practitioners.
    - PDS could alleviate this process by pro-actively disclosing reports of interest to entities.



# *Introduction*

- SRA International, Inc. (SRA), in conjunction with DPDB, solicited information on the PDS concept by administering discussion group sessions in several select regions nationwide with a diverse group of NPDB-HIPDB customers.
  - The discussion groups were conducted to ascertain customer interest in a PDS and to gain important customer requirements for the service.
  - SRA used this information to identify the PDS features that would best address these requirements for on-going monitoring of practitioners.



# *Introduction*

- Each discussion group was separated into four primary sessions focusing on:
  - Current NPDB-HIPDB Operations.
  - PDS Delivery Method Options.
  - PDS Fee Structure Options.
  - Participant Customized PDS Systems.





## *Participant Mix*





## *Participant Mix*

### ■ Locations.

- SRA conducted discussion groups of approximately 6-11 participants each in 11 different cities across the United States.
  - The decision to conduct a discussion group in a particular city rested upon concentrated customer query volume for each Data Bank.
  - Each invitee was within 40 miles of their respective city center.
  - Selected cities represented a wide geographic range and included: Boston, Hartford, New York, Baltimore, Tampa, Chicago, Minneapolis, Phoenix, San Francisco, Los Angeles, and Dallas.



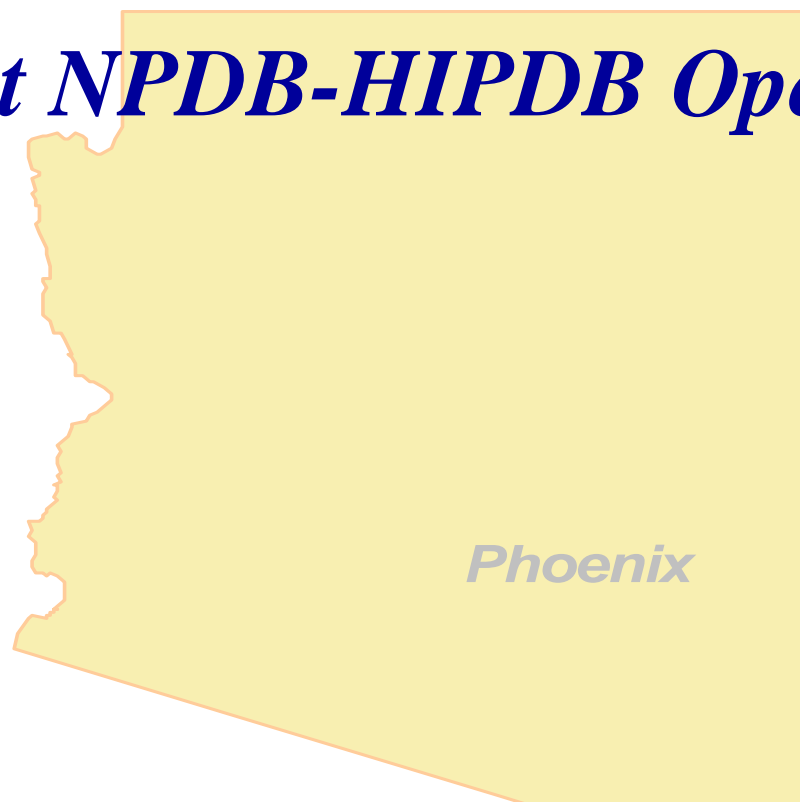
## Participant Mix

<i>Totals*</i>				
	Total Entities by Type	Percent of Discussion Group Total	Average NPDB Query Volume	Minimum/ Maximum NPDB Query Volume by Entity Type
MCOs	30	42%	24,827	2,180/140,834
Hospitals	30	42%	2,859	1,091/7,113
Health Insurance Companies	2	3%	5,266	4,192/6,339
Licensing Agencies	2	3%	3,878	2,259/5,496
Other Health Care Service Providers (Including Credential Verification Organizations [CVOs])	7	10%	6,443	802/19,202
<b>Totals</b>	71	100%	12,591	802/140,834

\*Query volume by entity reflects the number of queries from April 2000 through August 2002.



# *Current NPDB-HIPDB Operations*





## *Current NPDB-HIPDB Operations*



- Each discussion group began with a session devoted to the solicitation of information from participants regarding current Data Bank operations. Primary areas of focus included:
  - Current functionality, including information delivery and value.
  - Drivers (i.e., factors influencing the credentials verification process).



## *Current NPDB-HIPDB Operations*



- Participants provided beneficial feedback that reflected a positive perception of Data Bank content, functionality, quality, and responsiveness. Participants also provided ideas for future enhancements to the Data Banks.
- Positive feedback:
  - Value NPDB as a basis for further investigation of subjects.
  - Satisfied with turnaround time of NPDB reports.
  - Find electronic querying and reporting through the Internet far superior to previous methods.
  - Data Banks are quick, painless, and easy to use.
  - Use customer service with overall positive results.



# *Current NPDB-HIPDB Operations*



- Areas for Improvement/Recommendations included:
  - Improve content of HIPDB – many participants quit querying HIPDB after a brief trial period as few or no reports were returned.
  - Condense size of reports, especially when no action is detected.
  - Send a rejection notice to the entity if field entered incorrectly. Users want to know if a query is “pending” or “complete,” both individually and in batches.
  - Store credit card information in the Integrated Querying and Reporting Service (IQRS), rather than re-entering it for every query (recommendation implemented in June 2003).
  - Provide longer advance notice when practitioner codes change.
  - Provide additional and clear information on what reports are contained in each Data Bank.
  - Allow for sorting IQRS subject database without regard for case sensitivity.



# *Drivers*

- Participants were asked to explain what factors most influenced their credentials verification process. Responses included two primary drivers:
  - **Regulatory Requirements.**
    - Cost vs. Trust – Liability drives the process. Participants noted the need to balance long-term perspective with lawsuit costs. This process is driven primarily by regulations and accreditations (e.g., NCQA, Joint Commission on Accreditation of Healthcare Organizations [JCAHO]).
  - **Quality of Patient Care.**
    - Greatly increases demand for a PDS by mitigating risk.
      - May reduce lawsuits and level of resources required for credentialing process.
    - Ethics – overarching need to “do what is right” for the patient (predominantly through hospitals represented in groups).

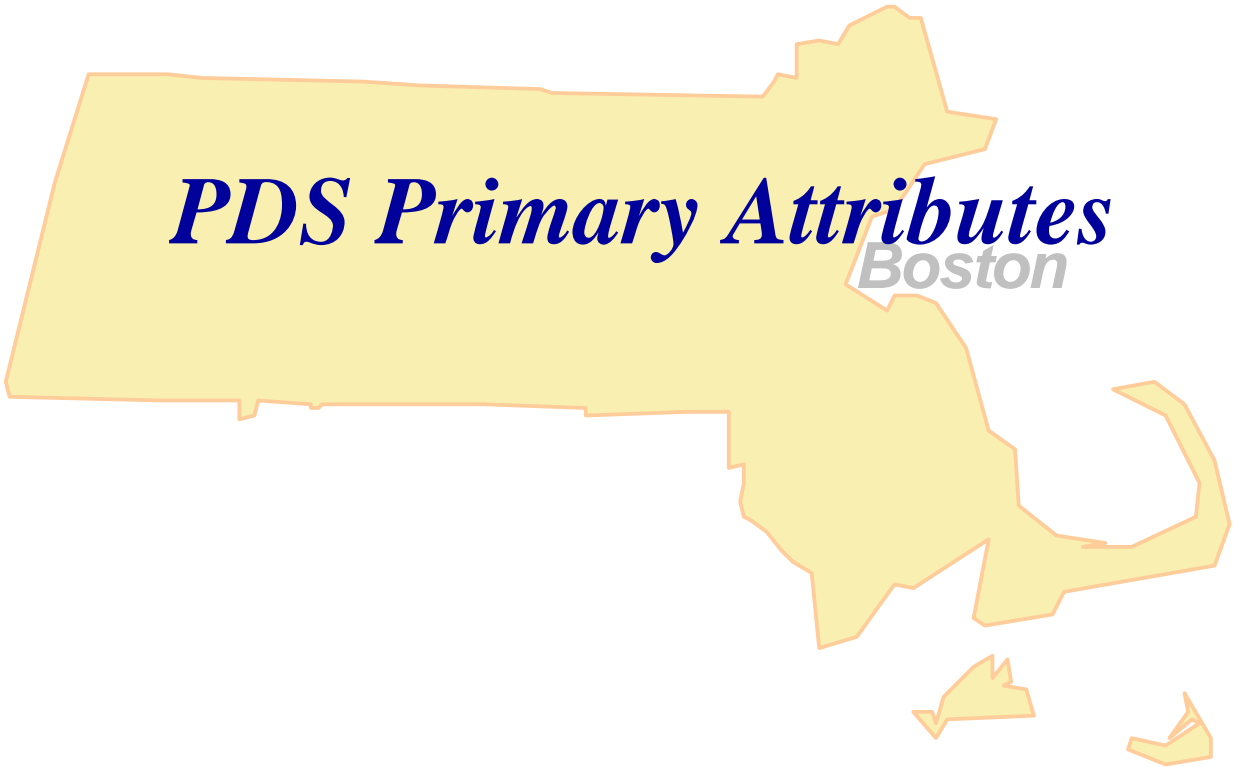




# *Additional Feedback Regarding Current NPDB-HIPDB Operations*



- Participants displayed general concern over reporting habits of entities (timeliness, thoroughness).
- Participants indicated a need to strike a balance between cost and the amount of information collected, since credentialing is a non-revenue producing function.
- On-going enrollment tends to be a manual rather than an automated process.
- Participants generally query the Data Banks during initial credentialing, recredentialing, and when there are changes in privileges (usually the Data Banks are not used for interim monitoring, primarily due to cost).
- Many hospitals expressed significant interest in querying HIPDB. However, most are not authorized to do so under existing law.





## ***PDS Primary Attributes***

- Two primary attributes make up the PDS system:
  - **PDS Delivery Options.**
  - **PDS Fee Structure Options.**



# *PDS Delivery Method Options*

*San Francisco*

*Los Angeles*



# *PDS Delivery Method Options*

## ■ Delivery Options.

- Participants were asked for feedback on each primary option as well as other attributes related to PDS report delivery.
- The four delivery options include:
  - Entity Notified of a New Report, then Entity Queries to Receive New Report.
  - Entity Notified of New Report, then Entity Queries to Receive Copy of all Reports on Enrolled Subject.
  - Entity Provided with Copy of New Report.
  - Entity Provided with Copy of all Reports on Enrolled Subject.



# *PDS Delivery Options – Enrollment*



## ■ Initial Enrollment Process.

- Participants overwhelmingly suggested providing DPDB with a batch data dump (using a flat file) of all their subjects when PDS becomes operational.
- Most would enroll all subjects initially (those not enrolling all subjects would enroll those deemed “high risk”).
- Would like option to enroll subjects individually upon initial credentialing (e.g., by checking an enrollment box on screen).
- Option to enroll anytime after initial query.
- Verification of enrollment (name, enrollment date) should stay in the IQRS for at least 30 days.



# *PDS Delivery Options – Adding, Modifying, and Deleting Subjects*



- To achieve a streamlined process for adding and deleting subjects from the PDS, participants recommended:
  - Sending (from the entity to the PDS) an updated master list file of current subjects enrolled in the PDS as needed. The PDS then determines additions and deletions from the original list.
  - Providing a monthly summary to each entity to verify enrollment. The report would also verify additions and deletions by subject name.
  - Creating a screen where each entity can manually add and delete subjects.



# *PDS Delivery Options – Report Format*



- Information disseminated from the PDS will be the same information entities receive from traditional queries. However, participants suggested report modifications pertaining to the format and listing of specific PDS reports:
  - A notation on each report stating the subject's enrollment in the PDS and that the report was PDS-generated.
  - Identify the type of report (e.g., malpractice payment, licensing action) so that entities can determine the priority of each report.
  - List PDS reports by name and state of license in the IQRS.





# *PDS Delivery Options – Report Delivery*



## ■ Query vs. Direct Access.

- PDS notifies the entity that it has detected a report and the entity will perform a traditional query to retrieve the report.
- PDS notifies the entity that it has detected a report and the report will be available to the entity in the IQRS. A traditional query is not necessary under this option.

## ■ Historical Data vs. Current Data.

- The current report only (which triggered the notification).
- The current report, plus all historical reports contained in the Data Bank on that subject.



# *PDS Delivery Options – Report Delivery*



- The PDS notification must be efficient while conforming to regulatory guidelines established to protect the subject's confidentiality. There are various ways for the PDS to generate this notification.
  - Send notification to entity via e-mail that the PDS has detected a “hit” to their participant list. The entity would log in to the IQRS to retrieve the report. The PDS would require a minimum of two (2) e-mail addresses per entity for proper receipt of notification (entities would be responsible for maintaining updated e-mail addresses with the PDS).
  - List notifications (alerts) in IQRS for entities to view (can be done in concurrence with e-mail notification above).
  - Provide an alert upon login to the Data Banks that the PDS has detected “x” number of reports.



# *PDS Delivery Options – Delivery Method*



## ■ Delivery Method.

- Most entities would prefer to have reports available directly in the IQRS as this method removes the querying step.
- Several entities would like the option to choose one of the two delivery methods when enrolling subjects in the PDS. This would provide a service that is more customized to each individual entity.
- Although many entities prefer the direct access to the PDS report, most said they would probably prefer the lowest cost option.



## *PDS Delivery Options – Historical vs. Current Data*



- Participants overwhelmingly stated the need for options with regards to current and historical data.
  - Many entities want to choose, upon subject enrollment, whether to receive only the current PDS report (which triggered the notification), or all reports contained in the Data Banks on that subject.
  - Several entities wanted the flexibility to choose their data type (current vs. historical) for *each* report.



## *PDS Summary Report*

- Participants expressed the desire to have a Summary Report (sorted by subject name) constantly available. The report should provide an audit trail illustrating PDS report history (including date of enrollment). Additionally:
  - Entities would like the option to print a memo for the subject's file stating their initial enrollment date in the PDS. They would also like to enter their own specified date fields when searching for PDS reports on a specific subject.
  - The summary report should be electronic with the option to print.



Chicago

# *PDS Fee Structure Options*



## *PDS Fee Structure Options*

- **Fee Structure Options.**
  - Participants were asked for feedback on each primary option as well as other attributes related to PDS billing processes and procedures.
  - The three fee structure options included:
    - **Flat Fee for Service** – All entities pay the same fee to subscribe to the PDS regardless of the number of subjects enrolled.
    - **Fee per Individually Enrolled Subject** – Entities pay a fee for each individual subject enrolled in the PDS.
    - **Fee for Blocks of Subjects** – Entities pay a fee based on the number of subjects enrolled in the PDS. Fees are graduated where the actual cost per subject declines when the number of enrolled subjects increases.



# *Fee Structures – Subscription Timeframes*



- Participants suggested the following PDS subscription timeframes based on their business processes:
  - Credentialing period (2 or 3 years).
  - Annual (with quarterly billing).
  - Entity fiscal year.





# *Fee Structures – Notification Frequency*



- Participants were asked how frequently they would like to receive PDS notifications.
  - To be truly pro-active, many participants would like notifications immediately (within 24 hours of the report entering the Data Bank).
  - Some larger entities preferred weekly or monthly notifications to reduce burden on current workload.
  - Once reports are disclosed, they should be available for retrieval in the IQRS for 30 days.



## *Fee Structures – Flat Fee for Service*



- Participants felt a flat fee for service structure would be easy to administer and budget for since cost is fixed for entire year.
- Would avoid issues with fees associated with adding and deleting subjects from subscription list.
- Would be inequitable – smaller entities would subsidize larger entities enrolling large volumes of subjects.



## *Fee Structures – Fee per Individually Monitored Subject*



- Smaller entities preferred a fee per individually enrolled subject structure as they have fewer subjects to enroll and account for.
- Potentially creates administrative burden on entities. Reconciliations and bookkeeping may become troublesome having to account for each individual subject.
- Would enable payment processes similar to current individual querying processes which may alleviate some accounting issues.



## *Fee Structures – Fee for Blocks of Subjects*



- Participants felt that the structure for a fee for blocks of subjects would start with small ranges of subjects (e.g., 1-200, 201-400) and widen as numbers increased.
- Would provide an equitable pricing scheme where all entities can reap benefits of lower unit costs by blocks.
- Encourages entities to maintain updated subject databases. Failure would potentially result in paying for a higher block when the number of subjects enrolled from your organization is actually lower.
- Would be more difficult to forecast than flat fee, as entities will need to estimate the number of subjects (and block size) for the year ahead.



## *Fee Structures – Additional Participant Feedback*



- While “quality of care” may increase demand for a PDS (to lower risk), it may drive the optional PDS to a “required” PDS.
- Entities may potentially justify any budgetary increases resulting from the PDS by stressing increased quality of care for patients.
- Flexibility – offering more than one fee structure would make the PDS appealing to a wider market.
- Include the cost of an initial query in subscription fee.



# *Participant Customized PDS*

*Minneapolis*



# *PDS Custom Package Results*

Delivery Method	Enrollment	Subscription Timeframe	Notification Frequency	Incentives	Fee Structure	Additional Requirements Requested
<ul style="list-style-type: none"> <li>• Entity provided with copy of new report.</li> <li>• Create option to receive historical reports as well.</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll all subjects in batch data dump at onset.</li> <li>• Updates to the initial batch available at any time by providing a new batch dump to overwrite the original.</li> <li>• Capability (e.g., separate screen) for manual add/deletes if batch is not practical for entity.</li> <li>• Capability (e.g., box on initial screen) to enroll individually.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate (Daily)</li> <li>• Weekly notifications considered if significant cost savings.</li> <li>• Non-subject identifying notifications sent via e-mail with detailed report information contained in secure IQRS.</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple subscription periods.</li> <li>• Early renewal.</li> <li>• Dual Data Bank (if savings are sufficient).</li> </ul>	<ul style="list-style-type: none"> <li>• Fee for blocks of subjects.</li> <li>• Blocks, based on number of subjects enrolled in PDS, start with small ranges and widen gradually.</li> <li>• Regular stream of payments rather than initial outlay of entire cost.</li> <li>• Blocks could be set based on the size of the entity rather than number of subjects enrolled in the PDS.</li> <li>• Above option did not surface until the end of the sessions, therefore comprehensive feedback is not available.</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment confirmation available at any time (include name, license, enrollment date, social security number).</li> <li>• Confirmation should also include rejected names and reason for rejection.</li> <li>• Summary Report (listed alphabetically, including history of PDS notifications and enrollment date).</li> </ul>